

DEPARTMENT OF HEALTH AND HUMAN SERVICES **FORM APPROVED**

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HEALTH CARE FINANCING ADMINISTRATION OMB NO. 0938-0193

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| <p align="center">TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL</p> | <p>1. TRANSMITTAL NUMBER: 01-01</p> <p>2. STATE: New York</p> |
| <p>FOR: HEALTH CARE FINANCING ADMINISTRATION</p> | <p>3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)</p> |
| <p>TO: REGIONAL ADMINISTRATOR</p> <p>HEALTH CARE FINANCING ADMINISTRATION</p> <p>DEPARTMENT OF HEALTH AND HUMAN SERVICES</p> | <p>4. PROPOSED EFFECTIVE DATE January 1, 2001</p> |

5. TYPE OF PLAN MATERIAL *(Check One)*:

NEW STATE PLAN

AMENDMENT TO BE CONSIDERED AS NEW PLAN

AMENDMENT **xxx**

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT *(Separate Transmittal for each amendment)*

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| <p>6. FEDERAL STATUTE/REGULATION CITATION:</p> <p>42 CFR 447 Subpart C</p> | <p>7. FEDERAL BUDGET IMPACT:</p> <p>a. FFY 2000-2001 \$ \$4.35 million</p> <p>b. FFY 2001-2002 \$ \$5.80 million</p> |
| <p>8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:</p> <p>Attachment 3.1-A Supplement Page 3b-1</p> <p>Attachment 3.1-B Supplement Page 3b-1</p> <p>Attachment 4.19-B Page 3M</p> | <p>9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT <i>(If Applicable)</i>: None</p> |

10. SUBJECT OF AMENDMENT: **Assertive Community Treatment (ACT)**

11. GOVERNOR'S REVIEW *(Check One)*:

GOVERNOR'S OFFICE REPORTED NO COMMENT OTHER, AS SPECIFIED:

COMMENTS OF GOVERNOR'S OFFICE ENCLOSED **xxx**

Assertive Community
Treatment (ACT)

Services will be provided primarily in the community by a licensed multi-disciplinary team under the supervision of a psychiatrist which meets with the recipient or the recipient's significant others a minimum of six times per month for full ACT payment, or two times per month for ACT step-down payment. For full ACT payment, at least three of the six contacts must be with the Medicaid recipient. For ACT step-down services, both of the two required contacts must be with the client.

Monthly fees as approved by Division of the Budget will be set by dividing total gross approved costs by twelve months and the number of clients and will include a vacancy factor of 10%. OMH will consult with DOH regarding any changes to the fees.

TN 01-01 Approval Date 05/29/01
Supersedes TN New Effective Date 01/01/01